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Aspen Early Childhood and Health Forum

Putting Children and Parents on a Path to Success

State Strategies for Designing Early Childhood and Health Systems that Work for Families

"Health and educational services should be considered human rights. With them, we can do more to contribute to this state and country. Life isn't easy for anyone. But if we have the opportunity to contribute, to be financially stable, we can contribute positively as we're already trying to do. If we connect people with the right type and level of services, it creates an intergenerational transfer."

—Parent participant, 2019 Aspen Early Childhood Health Forum

When it comes to giving families the best chance for success, the impact of access to quality health care and early child development is undeniable. But despite promising innovations in early child development and health care, these large, complex systems are often unaligned or misaligned, operating in silos that make it difficult for families to navigate and access the services that meet their unique needs. Families report spending entire days and weeks each month just in the enrollment, eligibility, and recertification process. In addition, different case managers often provide conflicting guidance on priorities. Dealing with these hurdles takes parents away from work and school and limits their ability to increase their own financial resources. Accessing funds to support more families is also a challenge, as service providers navigate conflicting reporting requirements and devote precious resources to paper work rather than the critical work at hand. Difficulty tracking the needs and outcomes of families makes it even harder to forge a clear path toward economic mobility.

To address these barriers, Ascend at the Aspen Institute gathered state leaders, practitioners, researchers, philanthropists, and parents, as well as nine Ascend Fellows, for the third annual Aspen Early Childhood Health Forum. Together, participants explored emerging, replicable strategies for aligning early childhood and health systems to ensure families get the care and services they need to succeed. Based on those discussions, this brief highlights innovative ideas for improving access to family supports and services, blending and braiding national and state-level funding sources to promote a coherent statewide focus on early childhood, and addressing ongoing challenges surrounding data collection and governance. More than ideas, the strategies presented here are real examples of systems and programs that are already working in some states and can be adapted and replicated elsewhere.

As the national hub for breakthrough ideas and collaborations that move children and their families toward educational success, economic security, and strong health and well-being, Ascend addresses the needs and strengths of children and parents together in order to help families reach their full potential. Commonly referred to as the two-generation (2Gen) approach, these ideas are informed by parents and are being adopted by 14 states throughout the country.

With its partners, Ascend is building a new wave of public policy culture and collaboration that promotes intentional implementation across state and local agencies, funding streams, and services to put the health and well-being of child and family outcomes at the center. Its work consistently reflects a commitment to racial equity and a gender lens. Critical to this work is ensuring all families have access to the education and workforce training, social supports, and health care, including mental health care, they need to create a lasting legacy of economic stability and overall well-being that passes from one generation to the next.

And this approach is working.

In South Carolina, schools are an innovative central "touch point" for mental health services for children and parents. In Oregon, a new statewide early childhood framework is being implemented to give parents greater voice and agency in their families' educational opportunities. In Mississippi, a statewide scorecard is supporting teachers, caregivers, and children in more effectively tracking services and outcomes for families. In Maine, a focus on mitigating expulsion and suspension for young children is supporting parents' and children's mental health outcomes. In Colorado, access to health care navigators and supports in early childhood settings are creating new measures of success for families who may not have access to these resources through other service points.

These states are leading the way in demonstrating what it takes to ensure more children and their families are able to live to their full potential. To take what we know is working and find ways to apply it in more places, Ascend hosts the annual Aspen Early Childhood Health Forum, a multi-day convening where state teams share innovations and discuss strategies for replicating what is working and overcoming barriers to success. Supported by the David and Lucile Packard Foundation, Robert Wood Johnson Foundation, and others, the Forum offers both technical assistance and peer-learning opportunities, bringing together up to 70 leaders from across the country and focusing on four to six state teams. Each team describes ways in which they are making meaningful headway toward aligning early childhood and health systems to make them work better for families. Innovations from the 2017 and 2018 Forums included participants from Georgia and Colorado sharing strategies on staff development and brain science; insights from Ohio on how to use Medicaid funds to expand home visitation work; and attendees from different states working together to develop better maternal screening and child well-being tools.

The 2019 Aspen Early Childhood Health Forum featured five state teams—Colorado, Maine, Mississippi, Oregon, and South Carolina. Selected through a competitive RFP process, each state shared major innovations that are poised to transform the education, health, and well-being of young children and their families as well as roadblocks that are impeding their success. Each team included leaders from their state's early learning and health systems, including at least one cabinet-level policymaker. As each state team presented their top ideas and challenges, other state teams joined 2Gen experts from throughout the country to ask questions and offer additional insights based on their own experiences. Ascend Fellows from North Dakota and Virginia also shared lessons from 2Gen efforts in their states. All of these conversations were grounded in insights from parents, who offered guidance to policymakers and practitioners about developing systems that work for families.

This brief highlights breakthrough ideas state teams shared at the 2019 Forum—categorized as "Steal This." It also notes several barriers ("Solve This") that need to be addressed for these ideas to gain traction and serve more families. The approaches presented here are a snapshot of the many innovative ideas that states are implementing to move families out of poverty—and just a few of the various challenges that policymakers, practitioners, philanthropists, and service providers have the power to address through collaboration and a 2Gen approach. By sharing insights from the 2019 Forum, Ascend hopes to encourage other states to explore and, where possible, replicate the progress these states are making in putting the health and well-being of children and families at the center of their work.

State Innovations Action Planning Tool

As each state shared opportunities and challenges to aligning early childhood education and health systems, participants used an action planning tool to track questions and comments and note opportunities for replication. Ascend encouraged participants to align their responses with the Robert Wood Johnson Foundation's policy priorities for ensuring healthy children and families, including:

- Ensure maximum uptake of the recently expanded paid family leave benefit, particularly among workers with low incomes.
- Improve maternal and infant health outcomes by enhancing care, supports, and prevention.
- Increase access to high-quality early education for all of New Jersey's 3- and 4-year-olds, with a focus on children living in poverty.
- Boost the incomes of families supported by low- and moderate-wage workers to promote financial stability and economic opportunity.

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"Sometimes it's about programs asking families what they could do better."
— Parent participant, 2019 Aspen Early Childhood Health Forum

Access to transportation, health care services, and learning supports—including a safe environment with caring and well-trained caregivers and teachers and strong parent engagement—creates stability for families. At the same time, putting important networks in place helps address the social isolation of poverty by creating a connection to other parents involved in the same programs. Forcing parents to fight their way through siloed systems with widely varying eligibility requirements and extensive, duplicative proofs of eligibility creates real barriers for families to access the supports they need. Programs and systems designed to "check the boxes" of administrative success rather than focusing on the experiences and outcomes of families add to this challenge.

To increase efficacy, reduce costly duplication, and eliminate misuse, many states are working to establish universal access to family supports and services. These include universal pre-kindergarten in Colorado, universal child care quality improvement in Mississippi, mental wellness and development for children statewide in Maine, statewide investments in early learning systems and Medicaid in Oregon, and leveraging the universality of health care services to reach families that are not participating in formal child care in South Carolina.

■   STEAL THIS

These state innovations are working to improve services for families.

❖ **Offer health services through schools.** Responding to extensive evidence showing the long-term health, social, and financial benefits to addressing health disparities in young children, Colorado's 2Gen approach features **access to comprehensive health care services in early care and school-based settings,** including schools, Head Start programs, and child care centers in both urban and rural communities. The State's Innovation Model (SIM) features:
  o **Increased access to behavioral health prevention and care through** Behavioral Health Transformation Collaboratives (BHTCs) that promote collaboration between community organizations and state and local government agencies. BHTCs receive joint funding from public-private partners working together to increase access to behavioral health prevention. Two BHTCs receiving SIM funding have successfully worked with their local school districts to coordinate systems to improve behavioral health screening and referral.
  o **Regional health connectors (RHCs)** that help clinical care teams identify and connect patients to community resources. RHCs are local residents whose full-time job is to improve the coordination of services at a systems level to advance health and address the social determinants of health by promoting connections

among clinical care, school-based health services, community organizations, early learning settings, public health, human services, and other partners.

- o **Screening primary child caregivers for depression and adverse childhood experiences (ACEs)** to improve both child and adult health outcomes. The primary care practices, pediatric practices, and community mental health centers participating in SIM screen for behavioral and physical health issues and screen parents and primary child caregivers for ACEs.

In South Carolina, the **Pee Dee Resiliency Project (PDRP),** a collaborative approach between the state's Department of Mental Health and Children's Trust of South Carolina, aims to prevent the long-term impact of poverty, mental health challenges, and ACEs. Funded by the Blue Cross Blue Shield Foundation, PDRP uses schools to engage students, families, and communities in preventing and addressing the root causes of mental health challenges. The project operates in eight elementary schools throughout the state, where school-based mental health clinicians work with students through a multi-tiered system of support that includes prevention, awareness, and treatment.

❖ **Help parents and teachers build skills to support children's health.** To support early childhood mental health, **a new law in Maine** aims to **prevent young children from being suspended or expelled from early learning programs and school**. The law creates a statewide, voluntary early childhood program to support parents and teachers of young children with consultants who have advanced training in early childhood mental health and child development. The consultants provide training to help build the skills of early care and education teachers and providers working in public elementary schools, child care centers, family child care settings, and Head Start programs serving children up to age eight. The consultants also work with families and foster parents with infants or young children who are experiencing challenging behaviors. The initiative is strongly informed by **Early Childhood Mental Health Consultation**, an evidence-based model.

Mississippi's Family-Based Unified and Integrated Early Childhood System connects and integrates resources and services for both parents/caregivers and their children in early care and learning; health, mental health, safety, and nutrition; and family engagement. The system is structured to ensure eligible child care providers and early learning programs provide a healthy, safe, and nurturing environment to children in their early years while engaging families to promote the welfare, learning, and stability of young children through an integrated network of community-based resources and services. All activities are linked and integrated from the time an applicant applies for a child care voucher to the time the child is enrolled with a child care provider. Families enter the system via the eligibility determination process and continue through a service gap assessment and the development of a family and an individual service plan. Local case managers develop a referral plan that ensures parents and children receive wraparound services tailored to their individual needs. Parents are informed of available child care providers in the area and have the option to enroll their children in either a standard or comprehensive voucher-eligible center. The system effectively reduces gaps and duplication of service delivery for parents and their children. The overall system quality is

monitored and supported by a data system designed to facilitate interagency program implementation and evaluation for system-wide and center-specific continuous quality improvement.

The Mississippi Approach is supported by strong collaboration and alignment across the state's early care and learning partners and agencies. Under the guidance of the State Early Childhood Advisory Council, Mississippi has created strong partnerships among health, human services, education, and workforce agencies that provide early care and learning services. This alignment allows the agencies to increase efficiency by sharing best practices and has made Mississippi more competitive for federal grants.

❖ **Adopt a statewide, coordinated approach to early learning and health care.** The Oregon Early Learning Council, which serves as the governing body for the state's comprehensive early learning system at the state level, led a year-long planning process to craft **Raise Up Oregon: A Statewide Early Learning System Plan**. This cross-sector approach aims to ensure all children and families throughout the state receive the services and supports they need to help children enter school ready to learn—especially those who have been historically underserved, including those living in rural areas, communities of color, and communities with low income. The council is comprised of directors of the five state agency partners and key early learning professionals representing the diversity of the state. Aimed at identifying actionable strategies for working across traditional boundaries, Raise Up includes input from program administrators and providers, families and community members, early learning educators and other experts, all four Early Learning Council committees, and representatives from the Oregon Department of Human Services, Oregon Department of Education, Oregon Health Authority, and Oregon Housing and Community Services. The Early Learning Council also worked in close collaboration with the governor's Children's Cabinet to develop the plan. As the state implements the plan, it will continue to connect all five agencies to the early learning system. Aligned with Gov. Brown's agenda and the strategic plans of cross-agency state partners, Raise Up provides an opportunity to intervene early and more successfully meet each agency's individual mission.

Oregon's **Coordinated Care Organizations (CCOs)** feature a network of all types of health care providers—from physical health care to addictions and mental health care to dental care providers—who work together in their local communities to serve children and adults who receive health care coverage under the Oregon Health Plan (Medicaid). By focusing on prevention and helping people manage chronic conditions like diabetes, CCOs help reduce unnecessary emergency room visits while giving people the support they need to be healthy. Oregon recently launched CCO 2.0 to improve child and family health and system transformation by strengthening care coordination for children with complex care needs and driving culturally responsive approaches to care to address health disparities.

To improve coordination among early childhood programs, Oregon also created 16 regional **Early Learning Hubs (ELHs)** aimed at ensuring all children become kindergarten ready; live in healthy, stable, and attached families; and are served by an early learning system that is aligned, coordinated, and family-centered. Together, CCOs and ELHs are enabling Oregon to offer more focused, holistic, and multigenerational strategies to support young children and their families.

❖ **Promote collaboration among service providers.** The **South Carolina Birth Outcomes Initiative (SCBOI)** aims to lower health care costs and improve health outcomes for moms and babies throughout the state. The multi-stakeholder collaborative is led by the South Carolina Department of Health and Human Services (SCDHHS) and includes programs focused on reducing the rate of early elective deliveries, screening pregnant women for substance use and domestic violence, encouraging breast feeding, and ensuring access to highly effective contraceptive methods. The program has helped South Carolina reduce the number of low birth weight infants and made the state a national leader in birth outcomes.

■ ■ ■ **BUNDLING FUNDING FOR BETTER RESULTS**

Blending and braiding various national and state funding streams as well as philanthropic dollars allows states to access more resources and offer families more coordinated supports while reducing the time families must spend navigating multiple programs. As states work to identify and secure the funds needed to create a cohesive, statewide focus on early childhood, they are mindful that these funding strategies must serve the needs of families—not the needs of the states.

■ **STEAL THIS**

These state innovations for blending and braiding funding are serving the needs of more families.

❖ **Allow families to access services through a single, coordinated delivery system.** Two efforts by SCDHHS will make it easier for families in the state to access Medicaid and CHIP. By **integrating the delivery of services across Medicaid and BabyNet**, the state's IDEA Part C program, SCDHHS is effectively blending these federal funding sources into a single, coordinated delivery system, shifting the burden of navigating across the benefits from families to SCDHHS and its managed care plans. Additionally, SCDHHS recently submitted an application to the Centers for Medicare and Medicaid Services (CMS) for a **Community Engagement Section 1115 Demonstration Waiver** that would close the eligibility gap between Medicaid and exchange subsidies for parents and caregivers, increasing the threshold for CHIP eligibility and providing Medicaid benefits to individuals with the lowest incomes.

❖ **Leverage flexibility of Preschool Development Grants.** In 2019, the Maine Department of Education, in collaboration with the Maine Department of Health and Human Services, received a one-year, $1 million **Preschool Development Grant** to study and improve Maine's child care and early childhood education mixed delivery system. The goal was to create an aligned, efficient, and high-quality system for all children birth to age 5 and their families, with a focus on those who are considered vulnerable. The initiative included reviewing needs assessments and strategic plans completed by organizations around the state, completing a new comprehensive needs assessment, developing an interagency data system, and creating a strategic plan to move forward. The needs assessment gathered input from in-kind contributing partners and from stakeholders across the state, including parents.

■ ■ ■ ENSURING THE NUMBERS ADD UP TO SUCCESS

"Don't put us in boxes. We are more than that."
— Parent participant, 2019 Aspen Early Childhood Health Forum

Access to reliable, comprehensive data is critical to aligning systems and tracking long-term outcomes, yet it remains a common challenge to developing the holistic programming needed to put more families on a path to success. Some difficulties are technical in nature. For example, different systems often do not connect with one another and gaps in tracking can leave too much room for human error. States must also respond to emerging questions around data governance and use: Which data systems are being aligned? Who decides what data is appropriate for alignment? When systems are aligned, who is responsible for what? How do states collect enough identifiable data to more effectively administer and monitor the impact of their programs while also protecting family privacy? Where does the voice of families come in?

■ STEAL THIS

These state innovations for improving data collection and governance support better programming and outcomes for families.

❖ **Track child and parent outcomes in one place.** Under the Mississippi Approach, the state is creating an **innovative information-sharing model** that features an electronic scorecard accessible to families, teachers, and center directors, as well as cross-agency service strategies in the form of family and child service plans. The electronic scorecard will unify essential activities and outcomes that mark the development of a child (including physical, cognitive, and emotional health) and will follow the child as they progress through the early care and learning network and into kindergarten. The service plans will be based on information collected through filter questions asked during the child care application process. These questions aim to identify critical needs in three areas: early care and learning; health, mental health, safety, and nutrition; and family engagement. Family plans may include workforce and educational services geared

toward gaining credentials required for middle-skill employment or in family support services such as TANF or SNAP. Child plans may include services for early screening to meet health, mental health, and learning needs.

❖ **Integrate data from different sources to create a complete profile of children and families.** To understand and address the impact of social determinants on children's health and development, Oregon is innovating a data-driven, equity-focused, multigenerational approach to supporting children under the age of five who are experiencing both medical and social complexity. By integrating data from the Oregon Health Authority for the population of publicly insured children with data from multiple state agencies included in **Oregon's Integrated Client Services (ICS) data warehouse** (housed in the state Department of Human Services), Oregon is able to create **child-level profiles that support a more holistic approach to the needs of young children,** including the family factors that impact children's health and health care. These factors may include child or parent use of TANF and/or foster care services, diagnosis of child abuse or neglect, child or parent use of mental health services, child or parent use of substance abuse services, parental incarceration, parental death, non-English as the primary language, and parent disability. By using the data to categorize children as either complex with chronic conditions, non-complex with chronic conditions, or healthy, the state is able to quickly identify children with special needs. The state also uses the data to study possible health disparities based on location, race, or ethnicity. Oregon is now developing strategies to use this information to develop more focused and holistic supports for children and the adults in their lives that recognize the broader factors that impact health and the delivery of health services.

■ ■ ■   **BREAKING DOWN BARRIERS TO BUILD ON WHAT'S WORKING**

As states find success with new 2Gen approaches, a variety of challenges are impeding wide-scale adoption of these innovations. Forum participants recommend taking the following actions to address roadblocks and support more families with the programs and services they need to thrive.

■   **SOLVE THIS**
These action steps are intended to remove barriers that are hamstringing more states from getting critical supports to families.

❖ **Align education and health resources to improve access to quality child care.** States are getting increasingly nimble and creative when it comes to making quality child care available and accessible to all families who need it, but funding remains a challenge. Aligning early care and education programming and policies across the Department of Education and the Department of Health and Human Services will help streamline funds and make more dollars available for states to devote to child care.

❖ **Avoid foundation-driven silos.** The Preschool Development Grant (PDG) has bolstered efforts to align state systems but has left states struggling to align the work of nonprofits, foundations, and other early childhood education funders that work directly with PDG teams in the states. As states continue to combine agencies and projects into one system, they must also be able to access new grants and funding sources that are not aligned with PDG without creating silos.

❖ **Move beyond population centers.** Public and private efforts to close disparities and meet the needs of traditionally underserved citizens have shown far more success in population centers with more robust infrastructure and institutions than in areas without a core infrastructure. As states find increasing success implementing 2Gen approaches in urban areas, they also need strategies for extending health and social intervention models to rural areas as well as communities that lack strong infrastructure supports.

❖ **Keep resiliency front and center.** Increased access to data comes with a much clearer picture of the magnitude of disparities and other challenges facing children and families. These findings must be communicated to families in a trauma-informed, culturally responsive way. In line with the initial adverse childhood experiences (ACEs) research, conversations about adversity must be coupled with stories of resilience. To achieve this, data collection efforts need to include risk and resilience factors at the child, community, and state level—not just data on adversity.

❖ **Track the movement of children and families across systems.** Capturing the data needed to increase the efficiency and efficacy of service delivery and improve outcomes requires tracking children and families over an extended period of time. However, families often move within or outside a state, making it challenging if not impossible to track long-term outcomes given current data alignment and privacy constraints. Creating data sets that "talk to each other" will give service providers the full picture of what supports are needed while eliminating the need for families to complete multiple forms to access the help they need. The US Department of Education introduced **Generate,** a program designed to provide consistency across state education associations for IDEA data reporting. The program produces user-friendly reports to support data use. The Maine Department of Education is using funds from its Preschool Development Grant to explore opportunities to enhance tracking of early childhood data and connect data systems across various state agencies. As states work to create cross-agency data systems, developing a system for tracking where the data originated will help keep the data clean and make it easier to identify the source should questions about privacy or validity arise.

❖ **Ensure data conversations include the interests of families.** As data collection becomes more sophisticated, it is important to keep the focus on outcomes for families, not just administrative outputs. States must ground data advancements in the top concerns of

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parents, such as privacy, and ensure that families also have access to relevant data (e.g., their child's developmental screening outcome). Early Childhood Councils can help bring the family voice into data accountability.

❖ **Build public-private partnerships to support staffing.** Call it capacity, bandwidth, or staff support—the reality is that 2Gen efforts to align systems at the state level take time and resources, both to plan and execute. States like Connecticut and Colorado recognize that 2Gen coordinators (currently in place in six states) can bridge gaps between agencies, streamline communications, center equity and data collection in 2Gen collaborations, and ensure that these approaches are embedded across leadership changes. Building public-private partnerships to support these coordinator-level roles is a powerful model and emerging as an effective way to keep 2Gen strategies on track.

■ ■ ■ **STATE INNOVATIONS**

■ **COLORADO**

Recognized as a national leader in 2Gen approaches, Colorado continues to hone programs that provide holistic services to children and families. The Colorado Department of Human Services uses a 2Gen approach to administer a variety of programs that provide critical systemic connections between early childhood and health services, including its Office of Early Childhood, the Early Childhood Leadership Commission, and the Head Start State Collaboration Office.

In his first state address, newly elected Gov. Jared Polis outlined a vision of "Colorado for All" that includes increasing alignment across the state's early childhood and health systems to improve schools, reduce health care costs, and expand economic opportunities for more Colorado families. The state recently established the Office of Saving People Money on Health Care to address underlying population health and system inequities.

By the numbers:

- Population: 5.77 million
- 8th largest state based on geographic area
- 37th largest state based on population density
- Median age: 36 (one in seven age 65 and older)
- Children living in poverty: 149,000 (12 percent)
- Traditionally expanded Medicaid

■ MAINE

First introduced in 1995, Maine's Children's Cabinet is now focused on encouraging collaboration across several state agencies to improve the lives of Maine's children and their families. Newly elected Gov. Janet Mills recently reinstated the Children's Cabinet as a core component of a plan to create a comprehensive early care and early education system in Maine and improve the state's system of care and prevention for at-risk youth, especially those in the juvenile justice system, youth engaged or at risk of engagement in the juvenile justice system, youth who are homeless, or youth in the child welfare system.

By the numbers:

- Population: 1.38 million
- 39th largest state based on geographic area
- 39th largest state based on population density
- Median age: 44.9
- Children living in poverty: 33,000 (13 percent)
- Traditionally expanded Medicaid

■ MISSISSIPPI

The Mississippi Approach to early care and learning to support better outcomes for children and the adults in their lives is guided by an established plan—A Family-Based Unified and Integrated Early Childhood System—that leverages collaborative partnerships among state agencies as well as innovative technology to empower service providers and families across the education, health, and workforce spectrum. Led by the State Early Childhood Advisory Council (SECAC), the Mississippi Approach is forging strong partnerships across the health, human services, education, and workforce agencies that provide early care and learning services. By sharing best practices and streamlining activities to reduce duplication, these agencies are increasing efficiency and coordination of services.

By the numbers:

- Population: 2.99 million
- 32th largest state based on geographic area
- 32th largest state based on population density
- Median age: 36.7
- Children living in poverty: 190,000 (27 percent)
- No Medicaid expansion

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■ OREGON

In 2018, Oregon Gov. Kate Brown released The Children's Agenda: Pathways Out of Poverty for Children to Achieve Their Full Potential, which outlines a strategy for using a 2Gen approach to reduce poverty by supporting family stability throughout the state. The strategy is based on recommendations made by the state's Children's Cabinet, which brings together leading experts in health, housing, human services, early learning, and education from the public, private, and nonprofit sectors to work collaboratively to create pathways for economic mobility for children and families living in poverty. The state's Children's Agenda builds on existing programs to address the root causes of family instability and create a more resilient safety net to help kids and families who face increased challenges.

By the numbers:

- Population: 4.25 million
- 9th largest state based on geographic area
- 38th largest state based on population density
- Median age: 39.1
- Children living in poverty: 141,000 (16 percent)
- Traditionally expanded Medicaid

■ SOUTH CAROLINA

South Carolina is implementing a variety of public, private, and quasi-government initiatives that are anchored in a 2Gen approach. This work includes helping families support the development of children in their earliest years—from pregnancy through elementary school—to change the trajectory of communities experiencing generational poverty and disparities in social outcomes. The South Carolina First Steps to School Readiness—the state's comprehensive early childhood education initiative—is both a 501(c)(3) nonprofit and a state agency. Each of South Carolina's 46 counties features a First Steps Partnership responsible for meeting local needs and identifying collaborative opportunities to help young learners through programs that provide early intervention, strengthen families, improve children's health and well-being, increase the quality of early care and education, and help transition rising kindergarteners into school. Operating as separate nonprofits, each office has its own board of directors—made up of local leadership and people in the community—its own strategic plan, and the discretion to operate in a way that best meets the needs of the local community.

By the numbers:

- Population: 5.15 million
- 40th largest state based on geographic area
- 19th largest state based on population density
- Median age: 38.8
- Children living in poverty: 245,000 (23 percent)

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An explosion of state innovations for providing universal access to family supports and services, blending and braiding funding sources, and improving data collection and governance are ripe for adaptation and replication in other states. Those that move away from checking a series of administrative boxes and instead focus on the experiences and outcomes of the families they serve have the greatest potential for success. By using a 2Gen approach and maintaining a commitment to racial and gender equity, governments, philanthropies, and businesses are putting the health and well-being of children and families at the center of their work.

Factors that strengthen access to services for families:	Factors that inhibit families from accessing services:
❖ Clear direction for where and how to access services. ❖ Opportunities for people who receive programs and services to engage with people who effect change and make policy. ❖ Parent support programs that help parents be the best parents they can be. ❖ Sliding fee-scale access to programs and services, especially health care, which is often prohibitively expensive for families. ❖ Access to services in communities where families with limited assets can participate. ❖ Continuity between home and school—and programs that equip parents to replicate school approaches at home.	❖ Programs that put people in a box/force a one-size-fits-all approach. ❖ Systems that make families complacent and keep them oppressed. ❖ Siloed systems that force families to go through multiple and often duplicative steps. ❖ Non-culturally responsive models that suggest ideas and interventions that run counter to the cultural values of a community. ❖ Racism and discrimination in public systems. ❖ Policies that make immigrants afraid to seek services for fear it will put their families at risk.